

Office of Child and Family Services Update December 3, 2004

Resignation:

Pam Fitzgerald Cooper resigned from the Department in October to take a position with the Department of Social Services in Foster Care Services. We wish her well in her new endeavors and certainly will have the opportunity to work with her in new capacity as Supervisor of Adoption Services.

New Staff:

On November 10, 2004 Guy Fournier joined the Office of Child and Family Services as a Child and Adolescent Specialist. He brings a strong history of professional experience in planning and managing inter-disciplinary services for emotionally and behaviorally troubled youth. Guy's experience with and knowledge of both the juvenile justice and community based-mental health services makes him an exceptional staff in the Office of Child and Family Services. Guy will serve as the liaison for the Juvenile Accountability Incentive Block Grant, Mental Health Initiative for Non-Mandated Funding, Suicide Prevention, Day Treatment and other areas as deemed appropriate.

Recruitment Activities:

DMHMRSAS-Director Office of Child and Family Service is recruiting for a Child and Adolescent Services Manager. The position closes December 17. The salary range is \$46, 633- \$62,629.

DMHMRSAS- Director of Juvenile Competency Services is recruiting for the following positions:

Child and Adolescent Mental Health Clinician- Salary range is \$28, 143- \$57,759
2 Special Education Teachers-Salary range is \$28,143-57,759
Administrative & Program Specialist II- Salary range is \$21,543-44,213.
Psychologist II (Classified Half Time- 20 Hours per week-Salary range is \$18,838-\$37,728

CSA

It was announced at State Executive Council meeting on December 1, 2004 that Kim McGaughey is the new Executive Director of CSA. She will assume the position January 1, 2005. She currently works for the Health Care Foundations. She previously worked for Planning & Budget Research Office. She was responsible for the study that lead to CSA. She has done consulting work for the Robert Woods Johnson Foundation.

329 G- Report/Child and Adolescent Special Populations Workgroup:

The 329-G workgroup was created to fulfill the legislative intent for an integrated policy and plan to provide and improve access to MH/MR/SA services for children and adolescents. The workgroup is required to submit a report annually (by June 30th) to the Governor and Chairman of the House Appropriations and Senate Finance Committees of the General Assembly. The 329- G Workgroup met on November 10, 2004 to discuss the legislative report that was due to the General Assembly on June 30, 2004 but was not submitted to the General Assembly until October 2004. Additionally, the members reviewed the 2004 recommendations and workplan as outlined in the June 2004 report. (Due to the fact that the workgroup did not meet, staff in the Office of Child and Family Services wrote the final report that was submitted to the General Assembly).

The Special Populations Workgroup was created by the Commissioner and charged to develop short and long term recommendations to restructure and strengthen services for children and adolescents and their families. The Special Populations work group finished its report and submitted it to the Department in August. No additional meetings were planned for the Special populations workgroup. The 329-G workgroup is legislatively mandated and since many of the recommendations in the 329-G report and the Child and Adolescent Special Populations Workgroup Report mirror each other, the Department, with input from stakeholders from both workgroups, made the decision to merge the Special Populations Work group with 329-G/330-F work group and integrate the recommendations. The next meeting of the combined group is December 15, 2004 at Henrico CSB

Child and Family Advisory Group:

A key recommendation of the 2003 329-G report was that the Department's Office of Child and Family Services should organize and support a state advisory committee composed of families of children with mental health,

mental retardation and substance abuse services, children's services representatives of state agencies representing a system of care, representatives of services program organizations, private providers and advocacy organizations.

Currently, several groups are involved in children's services including but not limited to the 330-F workgroup, the Child and Adolescent Special Populations Workgroup, the Child and Adolescent Task Force and other parents who may or may not have affiliation with any of these groups. Consistent with the recommendations of the 329-G workgroup to form a statewide advisory group and to involve and build links to parents, the Department established an advisory group that is responsible for promoting services for children and to support activities that improve services to children. Individuals from groups representative of children's interests were invited to participate on this advisory group.

The Advisory Group held its first meeting on November 8, 2004. There were agency representation from DJJ, DMAS, Health Department, VOPA, MR Council, Special Populations, Child and Adolescent Task Force, PACCT, ARC, SARA, Substance Abuse Council and 5 other parents representing various disabilities to include, mental retardation, autism, SED, and SA. It was discussed and agreed that the Advisory Group should be made up of at least 51% parents and that the parents in attendance would help identify other families' members to serve on the Advisory Group. The group will meet quarterly. Co-chairs were selected for the Advisory Group from among the parents. The next advisory Group meeting is scheduled for February 15, 2005.

Mental Health Planning Council

The Department has been successful in getting families with children under the age of 21 to serve on the Mental Health Planning Council. The Council has a committee on children that will be chaired by Carol Ann Pacer Ramsay. At the last MHBC meeting, December 1, 2004, the chair Ray Bridges, gave his support to helping promote the needs of children and their families indicated that the Council would work with us to move the agenda for children ahead.

PACCT:

Another recommendation contained in the 2004 329-G report was that DMHMRSAS should seek ways to build and link the network of parents of children and adolescents with mental health, mental retardation and substance abuse service needs. Currently the Department has several contracts with organizations to provide family support services to parents of children with mental health and mental retardation disabilities. During 2004, the Department assessed existing resources available to parent organizations to determine how

best to build and link the network of families with children who require or receive mental health, mental retardation and substance abuse services. PACCT was awarded a contract for \$75,000 to do the following:

- ❖ Publish “Parent Watch”, a quarterly newsletter targeted toward an audience of families and providers.
- ❖ Operate a statewide phone number as a source of information on children’s mental health. The numbers (local and toll-free) are on PACCT brochures and stationery, and are distributed on correspondence and during trainings.
- ❖ Through the support provided by DMHMRSAS provide mini-grants and technical assistance to new and existing family support groups and networks, providing linkages for families of children with mental, emotional and behavioral disorders.

PACCT also offers parents or caregivers (who care for children with mental, emotional and behavioral disorders) a stipend to encourage their attendance at various training events. The stipend is offered to assist parents and caregivers overcome barriers to their participation in the training program.

DMHMRSAS is continually assessing how to provide and build a stronger family network in Virginia and will be working with all family organization that provide support and services to families of children with mental health, mental retardation and substance abuse services.

Mental Health Initiative:

Several weeks ago, information was requested from Child and Adolescent Coordinators regarding the number of new children that localities will serve with the new \$2M for non-mandated children. It is very important that we are able to provide information to the General Assembly on how localities are spending these funds. Only a few localities reported this information and we were able to provide estimates of how many children will be served. This does not look good to legislators and policy makers as we continue to ask for funding without data to document the multiple mental health diagnoses of the children we serve. The Department’s Child and Adolescent Workgroup identified recommendations to restructure mental health, mental retardation and substance abuse services to improve the behavioral health system of care for children and their families. Additionally, the development of a collection of Evidence Based Practices of Effective Treatment Modalities for Children and Adolescents would support future funding requests.

Technical Assistance/Training is available to any locality needing help with implementation of the Mental Health Initiative.

Data on MHI-non-mandated

Office of Contracting Services (Joel Rothenberg) has been successful in pulling data from CCS on the MHI for non-mandated children that indicates referral sources and number of children served. This is good end of the year information report. Information needed during the year to answer questions for statewide use of this funding around children served, funding expending, and balances are still being discussed.

Mental Health and Juvenile Justice:

The Department has commenced aggressively providing technical assistance to the five grantees providing mental health services to children in detention centers. Staff has made appropriate contact to begin dialogue to bring the grantees together to address their issues and help develop similar reporting requirements to report the implementation of the project to the Department of Criminal Justices.

The Department of Criminal Justice Services has assured the Department that localities will receive federal funding for January 1, 2005 thru December 31, 2005. Beginning in 2006, the Department will have to put up 50% of the match to continue to grant.

Relinquishment of Custody

The Final Draft Report on the Relinquishment of Custody Study was presented on October 13, 2004 to SEC. During discussion, changes were made to specific recommendations and members accepted and approved changes that would be sent to SEC for incorporation into the final report. The Final Draft Report was presented to the Joint Health Care Commission on October 26, 2004. The Final Report on Relinquishment of Custody Study was disseminated on November 1, 2004.

Child Care for Children with Special Needs:

DSS finalized the contract with the Department for \$440,000 from the Child Care Development Block Grant for child care services for eligible families with children who need care and who are under the age of 13 or for children up to 18 years of age if they are mentally incapable of caring for themselves or subject to court supervision. Funding supports the family goals of economic self-sufficiency and child development by providing substitute parental care, protection, guidance, and early childhood education. The child care program provides child care subsidies to income eligible customers who are employed, in approved education/training activities, or income eligible customers in need of protective services.

Substance Abuse Services:

In fiscal year 2004, the Office of Substance Abuse Services (OSAS) and the Office of Child and Family Services (OCFS) provided or were involved in a number of services that addressed the needs of children. The services included the Safe Families in Recovery Project (SFRP) to improve outcomes for families affected by substance use involved with the child welfare system and who may also be involved with the dependency courts and the Substance Abuse Prevention and Treatment Block Grant Women's Set-aside that mandates substance abuse prevention and treatment-funded providers (the CSBs) provide case management services.

Substance Abuse Grant

The Department has been awarded a competitive grant to develop services for people with both mental illness and substance use disorders. The federal Substance Abuse and Mental Services Administration awarded Virginia \$3,500,000 over a five year period.

The federal funds will support development of procedures for screening and assessment of persons seeking services, and staff training for the forty community services boards that provide publicly funded treatment throughout the Commonwealth. In addition, the grant will support a service pilot based at the Central Virginia Community Services Board in Lynchburg. Eleven other community services boards will also participate in the service pilot. The pilot programs will provide crisis stabilization services, including psychiatric assessment and treatment as well as medical detoxification services and specialized case management. The Department will establish an advisory committee of consumers, families and professional who will actively participate in designing specific services for the pilot program

Conferences:

Governor's Conference

The Governor's Conference will be held December 9-10 at the Sheraton Richmond West Hotel. The conference will focus on Self-Determination, Empowerment and Recovery. Full conference is \$45.00 and Recognition Luncheon only is \$15.00 per person. The conference will include a panel presentation on Achieving the Department's Vision and will have concurrent sessions on adult and children. The children sessions include: Criminal Justice and MH/SA Alternatives for Children & their Families (Joanne Smith); Recovery and/Resiliency: Building Local Systems of Care that Promote Resiliency for Children and their Families (Sandy Bryant), Advocacy: Speaking Out (Joyce Kube).

System of Care Conference:

The System of Care Conference is tentatively scheduled for March 22-23 at the Hotel Roanoke. It has come to our attention that there is a national System of Care Conference in Florida during this time period and we are having difficulty getting national speakers. Concerns have been expressed that changing the dates would result in some localities not being able to participate. We are exploring the possibility of other potential speakers on Systems of Care to make this a worthwhile conference. Localities are encouraged to bring a team consisting of members they work with on children's issues. Mental Health Block grant funds (\$30,000) will pay for CSB staff and the parents. The remaining members of the team will have to pay their own registration and travel cost. The Department endorses teams traveling together to minimize travel costs.

Funding:

The Department requested state funding to address the deficit in early intervention. State funds were also requested for several demonstration pilots that restructure how funding will be utilized to serve children who are SED.

National Policy Academy

The Department will be part of a team that will attend a National Policy Academy on Co-Occurring Mental Health and Substance Abuse Disorders on January 11-13 in Washington, D.C. States are required to bring a team to the Academy composed of policy makers, and stakeholders involved in working on co-occurring issues for adults and children. The Academy will address what Works in the for Co-occurring disorders:

- Prevention Strategies
- Evidence-Based Treatment and Services
- Primary Healthcare
- Addressing the Needs of Special Populations
- Financing Strategies and Benefit Structures
- Integrating what works
- Screening and Assessment and Systems Change

The Department has approval for the Director of the Office and Child and Family Services to attend the Academy and has requested a representative from the Child and Adolescent Coordinators' Task Force to attend. Expenses will be covered for the representative to attend the Policy Academy meeting.

Opportunity:

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of funds for FY 2005 for grants to

help states build capacity to provide effective, accessible and affordable substance treatment for adolescents. It is anticipated that approximately \$7.1 million will be available to fund up to 22 awards. The amount of the awards is expected to be up to \$400,000 per year for up to three years. The Department intends to submit an application for a grant and will be seeking your support for the grant.